

THE MEDICAL NEWS AND LIBRARY.

VOL. XXXV.

MAY, 1877.

No. 413.

CONTENTS.

CLINICS.		American Gynecological Society	75
CLINICAL LECTURES.		Kentucky State Medical Society	75
Sir William Jenner's Clinique at University College Hospital	65	Resignations in the Philadelphia Medical Schools	76
Unusual Form of Progressive Locomotor Ataxy, with Anæsthesia of the Portio Mol- lis	68	Charleston Medical Journal and Review	76
HOSPITAL NOTES AND GLEANINGS.		A New Dispensary	76
Persistent Gonorrhœa of the Duct of the Left Gland of Duverney	71	<i>Foreign Intelligence</i> —Hysterical Aphonia	76
MEDICAL NEWS.		Exercise in Diabetes	76
<i>Domestic Intelligence</i> —American Medical Association	72	Copper in Preserved Vegetables	76
The Association and the Pharmacopœia	72	Death from Chloroform	77
GOSSELIN'S CLINICAL LECTURES ON SURGERY		Death under the Administration of Nitrous Oxide and Ether	77
		High Heels	78
		The Hunterian Oration	78
		Antihydropin	79
		Hypodermic Injections in Hernia	79
		Obituary Record	79
		GOSSELIN'S CLINICAL LECTURES ON SURGERY	16 PAGES.

CLINICS.

CLINICAL LECTURES.

Sir William Jenner's Clinique at University College Hospital.—In the course of recent visits to the *clinique* of Sir WILLIAM JENNER, we have collected some notes of his teaching, in respect to current cases of disease under treatment.

Heart Disease in Children.—In an attack of rheumatism, the disposition to inflammation of the heart and its membranes is in direct proportion to the youth of the patient; the younger the heart, the more readily it is affected; and this is a form of malady likely to increase with years. Parents often hope "the child will grow out of it": the heart, of course, must grow;

but, if the valves be imperfect, they must become more patent as the size increases; whereas, in other patients, the heart having ceased to grow, the mischief at least remains stationary. The fact is, then, that, as regards valvular diseases, children rather *grow into* their trouble than out of it. The pathology of heart disease is also largely a question of age; for instance, if I were to be affected, it would probably be of degenerative character; but if a child, or even one of you, it would almost always be rheumatic. You must, however, bear in mind its possible connection with albuminuria, with syphilis, or with congenital defect. Independently of these, it will almost surely be the result of rheumatism, though the attack may have been

Published monthly by HENRY C. LEA, Nos. 706 & 708 Sansom Street, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

In no case is this periodical sent unless the subscription is paid in advance.

VOL. XXXV.—5

so slight as to have been forgotten. If you find evidence of cardiac disease, and if you do not get a history of ordinary causes, you must have very unequivocal evidence to prove they did not exist. The more improbable any point is, naturally the stronger must be the evidence of it. If Dr. Slade tell me he gets spirit-writing, his proofs ought to be above suspicion. If endocarditis in a child be the *only* symptom present, still it must be taken as strong evidence of rheumatism. I remember a boy who came with no definite complaint; but we found a loud friction sound over the heart; a week afterwards, he got swelling of the joints and other evidence of rheumatism. Another case was more striking, and occurred in the young child of a medical friend. It was found late at night suddenly suffering from great dyspnoea; I was sent for hurriedly in the absence of the father, and found a loud mitral *bruit*, which had never been suspected before. Half an hour afterwards the father returned, to find dead the child that he had left apparently well. It was two years old, and, after much consideration, they remembered that, about twelve months before, its limbs had seemed very tender, and it was uneasy in walking; but these symptoms had passed away and been forgotten; no doubt, they indicated the commencement of the attack. The least sign, then, of such trouble in children should be most carefully watched; and remember the great tendency of the malady to recur, so that, after one attack, care should be constant. *Chorea* has been considered a rheumatic inflammation of the spinal meninges. The rheumatism may be a coincidence, but it is certainly a common one. If there be active endocarditis at the time, I consider it certainly rheumatic; but, in estimating the importance of a *bruit*, inquire whether it varies, is absent from certain beats, or whether it be constant; for if the former, it will often be dynamic from irregular action of the papillary muscles. I remember a child with chorea and a *bruit* of organic character, but no other evident rheumatism. In a week, however, he got urticaria, and later a marked attack of acute rheumatism. Another baby with chorea

was intensely fretful, and I found the explanation in signs of acute pericarditis, which, indeed, proved fatal soon afterwards.

Ascites is never directly produced by heart disease, but only after organic disease of liver has occurred.

Rachitis.—Sir William Jenner observed that a very large mortality is due to this malady, though it has no place in the registrar's returns. If a child be brought to you with (1) sweating of the head and upper part of the body; (2) tenderness of limbs; (3) strong desire to lie cool, that is, to throw off its bedclothes; (4) or fetid stools; let the child be stripped, and observe its position and the state of its bones. Rickets is popularly associated only with crooked legs; but it really occurs before the deformity, and the latter is the result of mechanical pressure on softened bones. Observe this child bending forward as it sits, and resting on its hands; note the *clavicles* bent at almost an acute angle in their middle. This is from transmitted pressure. Its legs are not bent, for it is never on them; the thighs are sometimes bent from the position of sitting, and sometimes the humerus just below the insertion of the deltoid, from the weight of the arm when raised by that muscle. The back is curved, and this is mistaken sometimes for angular curvature; but observe, you can straighten it out with your hand. Next, see the ribs, and note a groove just external to their cartilages, which feel like "beads." At each inspiration, the atmosphere presses most on the weakest part, *i. e.*, the growing part, near the cartilage, and the groove deepens. The action may be imitated with a piece of lung in a glass jar with artificial diaphragm; depress this, and air enters the lung; now insert in the side of the jar a piece of India-rubber, and see how that also is pressed in by the air at the same time. The child is almost in the condition of a frog as to breathing, the inspiratory power is so feeble. The ribs are so soft, and assist so little, that the whole occupation seems to be to breathe. Such children are very liable to catarrh and bronchitis, and a plug of mucus in a bronchial tube may cause

death. Observe the shape of the chest, of small diameter laterally, but deep from before backwards.

The bones are enlarged at their ends, as at the wrist and ankles, or at any part where ossification is going on; thus the parietal bones are thickened along their suture. When the bones do harden, they become harder even than normal, and their development is generally arrested—the scapula especially is small and thick—and, if the affection be severe, the child becomes a dwarf. The head, like the thorax, is narrow across, long from before backwards—nearly an opposite shape to that of hydrocephalus. A prominent forehead, or what may be called a “lofty brow,” generally means rachitis. We had a classical instance here at one time in the porter at the dissecting-room, whose cranium came afterwards into our museum; and a lady phrenologist, examining our selection, singled it out with “*This is the grandest.*” The fontanelle is often unclosed and depressed; in hydrocephalus, it is raised. Dentition is retarded; this child, nineteen months old, has only two teeth. Recognizing rickets, you will not feel bound to lance gums in expectation. With regard to the general tenderness of surface, it leads to the child keeping as quiet as possible. Whilst a healthy baby will occupy itself in putting its toes in its mouth, etc.: the rickety child also will, as a rule, be “good,” contrasting strongly with the tuberculous, who will be irritable.

The fetid stools are like putrid meat. The belly is large; but, remember, all children have large bellies. This is well known to painters who paint from nature. You will observe either they paint it so, or they arrange the position so as to hide it from view. The reasons that make it large are particularly active in the rickety; the parietes are thin, the muscles weak, digestion impaired, the chest-wall ineffective, the diaphragm has to do more, it descends lower, and the liver and viscera are pushed forward.

As to the cause of rickets, it is clearly traceable to mal-hygiene. Very rarely is the first child rickety; but, when one is so, mostly the subsequent ones also. I

speak of the lower ranks. Say a coachman marries a servant. They have at first room enough and comfort enough, and the first child is healthy; others come; the mother nurses long; the condition of her blood is impaired, the air is less pure. If work be not good, the food is less; and the result is seen in the children. Amongst the wealthier classes, you may get an occasional rickety child in a family, traceable often to oversuckling or temporary troubles.

Treatment.—In the infant, if the mother be ill, provide a nurse; in all attend carefully to the feeding. You must see it yourself. It is your instrument of cure. What should we say of a surgeon who did not look at his instrument before using it? Milk is good, but do not press too much of it. You must see the stools, and if undigested curd be passed, you must lessen the milk or thin it; a little pepsine will help. Softened bread or barley may be given, not corn flour as a rule. Minced-meat is often advised, but is not good; if any meat be given, let it be well pounded, and pressed through a sieve. Beef-tea, well made, is better. Of remedies, cod-oil is so successful that we have been cautioned how we give it, lest “it should set the bones too quickly and induce deformity;” but this is nonsense. It gives admirable results.

Hydatid Cyst; Diagnosis.—A man presented a rounded projection at the ensiform cartilage and lower ribs of right side; no pain, no jaundice, feels well; the swelling is in the liver, for you can feel its lower margin rising and falling with respiration, and the swelling is above the lower margin. Note that the diaphragm is not so damaged as to be inactive, whilst in malignant and inflammatory disease it commonly is so. The liver is probably unchanged in texture; the growth has been gradual, and revealed only by the present swelling; the upper surface is free; there is obscure fluctuation, but no “hydatid fremitus;” the absence of this is not strongly negative, though its presence would be positive.

Addison's Disease.—The points that were specially described by Addison were—1. The brown coloration; 2. The anæ-

mia; and 3. The weakness. Observe that exposed parts are most coloured, as the knuckles; also blistered surfaces, parts that are naturally pigmented, and parts that are pressed upon: the nipples and umbilicus, the margins of eyes, roots of eyelashes, the buttocks, and hips. Often the suprarenal capsules are diseased, but I have seen a case where they were not diseased, but branches of the sympathetic ganglia passed through the lymphatic glands. It is possibly the sympathetic which is at fault.

Enteric Fever; Beef-tea v. Milk; Hemorrhage.—"In a case, now at the fourteenth day, there is looseness of the bowels. On examining the stool, I find a separate undigested curd of milk. This curd has acted as an irritant and induced the diarrhoea, therefore you must thin the milk, and replace it more or less by beef-tea. It has been too much the fashion to give much milk without due regard to its digestion. As remedies you may give some starch with bismuth in enema." At the next visit, some hemorrhage (of which the patient was kept in ignorance) was reported by the nurse. On inspection it was found to be about half a pint of dark fluid blood. "Now, the most important point is, that this patient do not sit up for any purpose. A case which occurred during my student days impressed me very much. He had had hemorrhage like this, but did not seem very bad; his pulse was 84; his mind clear; he was allowed to rise to the night-stool; the hemorrhage recurred, and ended fatally in a few minutes. A mesenteric artery had been opened. You must then, by position, take off the weight of the blood-column. Omit milk altogether, the curd might irritate; give beef-tea and arrowroot; a little softened bread; a little brandy, two drachms every three or four hours, to improve the nerve-tone; give him three grains of acetate of lead with acetic acid every four hours, and an opiate enema night and morning. Observe there is no great distension of abdomen, and there is no tremor. I conclude the ulceration is not deep. When tremor is disproportionate to other nerve-symptoms, it indicates more depth of ulceration." The patient did well.—*Brit. Med. Journ.*, Oct. 28, 1876.

Unusual Form of Progressive Locomotor Ataxy, with Anæsthesia of the Portio Mollis. By JULIUS ALTHAUS, M.D., Phys. to Hospital for Epilepsy and Paralysis.

The following case is interesting, from the peculiarly sudden manner in which the symptoms of ataxy became developed; from the circumstance that a pair of cerebral nerves, which but rarely suffer in this disease, viz., the portio mollis of the seventh pair, were in a state of complete anæsthesia; and finally from the favourable results of treatment, under apparently unpromising conditions:—

H. W., æt. 32, married, and father of three children, a butcher by trade, was admitted into the Hospital for Epilepsy and Paralysis, Regent's Park, under the care of Dr. ALTHAUS on January 10th, 1876. The examination of the patient was unusually troublesome, as owing to his being completely deaf, all questions had to be written down on a slate. It appeared that the ataxy dated from May, 1875, but that for some time previous to that the patient had been out of health, and suffered from persistent sickness, and total loss of appetite. In May, 1875, he suddenly began to squint and see things double, but whether this was owing to an affection of the third, fourth, or sixth nerve it is now impossible to determine. The strabismus and diplopia only lasted for a few days; but about the same time the patient began to suffer from distressing vertigo, and a roaring noise in the head. It appeared sometimes like thunder, or as if there were explosions of gun-powder in his head, or bells ringing, and all kinds of other strange noises. This lasted for about a month, during which time the hearing of the patient became gradually diminished; and at last he became completely deaf. He now noticed that he did not walk so well as before, more particularly in the dark; and the peculiar sensation as of walking on cotton or bladders presented itself. Pains of a character peculiar to ataxy began to shoot through the lower extremities, more especially in the night, and on exposure to wet or cold. The ataxy rapidly increased, in spite of medical treatment, so that he became helpless in

a short time; and when he entered the hospital he had already reached the third stage of the disease, in which not only the co-ordination of movements, but also muscular power, suffers.

There was no hereditary tendency to nervous affections, such as paralysis, insanity, or neuralgia. The patient had always been a steady, hard-working man, not given either to alcoholic or venereal excesses. He had never had syphilis nor gonorrhœa. He does not smoke. He had, however, in his trade as a butcher, been obliged to go about a great deal in all kinds of weather, and in the small hours of the morning, and had lately had a good deal of anxiety about money matters. No symptoms indicating cerebral mischief were present; speech, intellect, and memory being quite normal. All the cerebral nerves were in functional activity, with the exception only of the auditory nerves. The external and middle ear being quite healthy, the deafness had to be ascribed to neuritis, and subsequent atrophy of the auditory nerves in the semicircular canals. This view was also borne out by the symptoms which had ushered in the disease. There was now constant tinnitus aurium. The physiognomical expression of the patient was peculiar; his features appeared in perfect repose and unimpressionable, except when a question in writing was put to him. In anæsthesia of the fifth pair of cerebral nerves the expression becomes truly statuesque; but in the present case there was perfect cutaneous sensibility all over the face, and the want of physiognomical play was evidently owing to the utter absence of hearing, and comparative indifference of the patient to what went on around him. The pupils were normal, there was no strabismus or ptosis, no deviation of the tongue or uvula, and no difficulty in masticating or swallowing.

The spine was not tender to pressure or percussion, nor was there spontaneous pain in it; and the pain in the limbs was less marked than some time ago. There was incomplete cutaneous anæsthesia from the waist downwards to the feet, and also incomplete muscular anæsthesia. Tickling the soles produced no reflex

movements; and pinching the gastrocnemius and rectus femoris produced hardly any sensation. The muscles were flabby and somewhat wasted, but responded freely to the continuous and faradic currents. The patient could not walk at all, except when supported by two other people, and even then he had the greatest difficulty in stepping out, the peculiar jactitating gait of the atactic being plainly discernible. The helplessness was so great that it verged on paralysis. He could only stand when supported by two sticks, and when he closed his eyes he reeled like a drunken man. Yet he could when lying down or sitting on a chair move his legs and feet more freely than a patient can do who is suffering from myelitis or a high degree of spinal congestion.

The sexual power had been gradually lost during the last six months, and the bladder and rectum suffered in the usual manner. There was great difficulty in passing water, the patient having to strain for fifteen or twenty minutes before he succeeded in voiding a few ounces of urine. Occasionally there was incontinence. The urine was habitually neutral, and contained a large excess of urea and phosphates, but no albumen or sugar. The bowels were confined, and when purgatives were administered they acted so rapidly that the feces were voided before the patient had time to reach the commode.

The upper extremities were unaffected, with the exception of a slight feeling of numbness in the third and little fingers of the left hand. The heart and lungs were healthy. The appetite, however, was very bad, and digestion much impaired; the tongue furred. There was tenderness in the right hypochondrium, and increased dulness in the region of the liver. The patient was considerably emaciated, and had a sallow and dyspeptic complexion. He was ordered *argenti nitratis* gr. 1-6th, *bis die*, in pill; *sodæ hypophosphitis* gr. x. in a little infusion, likewise twice daily; and gr. 1-6th of *res. podophyll.* at bedtime.

March 20th. The nitrate of silver has been gradually increased to half a grain

twice daily, but has produced no favourable influence upon the ataxy. There is, on the contrary, increased helplessness, and more frequently than before inconvenience of the bladder and bowels.

28th. The patient was suddenly taken with vertigo and insensibility, which lasted for about three hours; there were no convulsions. The complexion became of a deeper yellow; the tongue had a dirty brownish coat; there was total loss of appetite, and the excretions came away. Right hypochondrium very tender, pulse 120, temperature 99.5°. He was given five grains of Plummer's pill, to be followed by five grains of carbonate of ammonia and fifteen grains of bromide of potassium three times daily in mixture.

29th. Patient still drowsy. Morning temperature 100.2°, pulse 110; evening 101.5°, pulse 120. General condition much the same.

30th. Morning temperature 99.6°, evening 101.4°. Rather less comatose.

31st. There is decided improvement to-day; the expression brighter, the complexion less dark, and the temperature has fallen to 99.2°.

April 1st. There is more appetite; patient has retained feces for the first time. Temperature 99.2°, pulse 90.

10th. General condition good; but ataxy and deafness exactly the same. The liquid extract of ergot was now given in half-drachm doses thrice daily.

From this time forward the patient made an excellent recovery. He is now (Feb. 26th, 1877) able to walk briskly without a stick; feels pinching the skin and muscles of the lower extremities well; has perfect control over bladder and rectum; can stand firmly with his eyes closed, and has no difficulty in going with his legs and feet through the various test movements which are usually employed in such cases. The ergot was gradually pushed up to a drachm three times daily, and throughout the course was very well borne. It was only discontinued once during last summer, when the patient complained of general *malaise*, with loss of appetite and a feeble pulse. The citrate of iron and quinine was then substituted for the ergot, with good results

as far as those symptoms were concerned; but it was discontinued after a fortnight, as the ataxy did not improve, and the administration of ergot was resumed in forty minim doses. There have never been at any time symptoms of so-called ergotism, which, at least in that form which is generally described in the text-books, Dr. Althaus looks upon as a myth.

The only symptoms of illness which still persist are deafness and tinnitus aurium. Mr. Dalby kindly examined the patient's ears very carefully some weeks ago, and confirmed the diagnosis of anaesthesia of the portio mollis in the semicircular canals, at the same time giving it as his opinion that the case was quite hopeless, as far as any recovery of hearing was concerned. Dr. Althaus has, however, to give the patient a last chance, ordered the use of the continuous galvanic current to both ears in the following manner: The external meatus is filled with warm water, and the negative electrode, in the form of fine metallic probe, dipped into the water, while the anode, armed with a moistened sponge, is applied to the hand of the opposite side. The current is now alternately made and broken, the result being that each time, on making the current, the patient hears a distinct "blowing" sound, which has quite recently become accompanied with a "ringing" sound. To all external sounds the patient, however, continues as yet quite insensible.

Remarks.—Acoustic neuritis is of very rare occurrence as a symptom of ataxy. Amongst 220 published cases it is only mentioned in nine that there was a diminution or loss of hearing, and in these it only came on in the later stages of the disease, but not in the commencement of it, as in the present case. On the other hand, affections of the optic and of the motor nerves of the eye are most common in the early period of ataxy. It is, perhaps, a matter of surprise that the portio mollis should be so rarely implicated, since ataxy is essentially a disorder of equilibration; and it is now well understood that the auditory nerve is not simply a nerve of special sense, but has a distinct relation to certain centres which regulate the equilibrium of the body. The connection is

effected by afferent fibres which proceed from the portio mollis to the crura cerebelli, and it accounts readily for the symptom of vertigo which accompanies acoustic neuritis. It resembles optic neuritis, which is not uncommon in the commencement of ataxy, by being a more permanent affection, while the corresponding disorders of the motor and sentient nerves—such as strabismus, diplopia, ptosis, nystagmus, facial anaesthesia, etc.—are generally recovered from.

That there should be tinnitus aurium, after complete deafness has existed for a considerable time, is apparently strange; but we have analogous facts with regard to the motor and sentient nerves. Atrophy of the posterior roots, or of the sentient nerves themselves, leads to the worst forms of neuralgia, while atrophy of the motor nerves causes certain forms of spasm.

Another practically important point in this case was the disorder of the digestive organs, which had preceded the development of the complaint. This is a matter on which no stress has been laid in the systematic descriptions of ataxy, but which Dr. Althaus has seen sufficiently often to merit attention. Loss of appetite and severe vomiting occur sometimes previous to the outbreak of the disease of the cord, and in other cases accompany it throughout its course, and appear generally to accelerate its progress in a marked manner. In these cases there is generally a great excess of lithates in the urine, deserving the name of lithaemia. The liver seems to be the organ which is chiefly affected, and should be carefully examined and treated. By severe or repeated attacks of this form of dyspepsia the system is very much enfeebled, and the patient then falls a prey to ataxy, provided the conditions favourable to its development—viz., over-exertion in wet and cold, accompanied by mental anxiety, be present.

A further feature of interest was the exceedingly rapid progress of the disease. The patient was in a few months reduced to complete helplessness, while in the majority of cases from five to ten years elapse before such a condition is reached. The

prognosis in ataxy is generally bad in cases which progress rapidly, and which are accompanied with affections of the cerebral nerves, more particularly of the nerves of the special senses. It was, therefore, all the more satisfactory that in the present case, where both these unfavourable conditions existed, the faculty of co-ordination, and the functional energy of the bladder and rectum, should have been restored by treatment.—*Medical Examiner*, March 22, 1877.

HOSPITAL NOTES AND GLEANINGS.

Persistent Gonorrhœa of the Duct of the Left Gland of Duverney.—G. F—, aged twenty-three, single, was admitted into the Edinburgh Royal Infirmary, under the care of Dr. MATTHEWS DUNCAN. She said that she was exposed to the risk of venereal infection five years before, and that ever since this she has had a vaginal discharge. For a month past she had suffered greatly from frequency and painfulness of micturition. The following notes were taken at the time of admission.

She is a strong, healthy woman; menstruation regular. The urine is found to contain pus, which was afterwards found to be vaginal. There is a neuromatous polypoid caruncle at the orifice of the urethra. The vulva presents some spots of superficial inflammation. The hymen has been lacerated; its free edge is at several points acutely inflamed. About the lower part of the vagina there is some purulent discharge, and on the same part, near the hymen, are some red spots denuded of epithelium. There are swelling and redness of the cervix uteri, with a ring of ulceration around the os. The cavity of the cervix is filled with viscid mucus. The bladder is found, by sounding, to be capacious, soft, and not tender. The urethral caruncle was excised.

The catarrh of the cervix was successfully treated by a single application of a stick of zinc-alum about an inch long, managed in the usual way. In addition, a very weak solution of the sulphates of zinc and alum was used daily as a vaginal lotion.

After three weeks, the irritability of

the bladder having disappeared on the removal of the urethral caruncle, there still remained a purulent discharge, which accumulated about the orifice of the vagina; and in the same region there was a degree of redness of the mucous membrane.

On careful examination, it was found that the left duct of Duverney's gland was full of pus, several drops being easily squeezed out of it. This was treated by injecting on two separate occasions a solution of nitrate of silver, twenty grains to an ounce, by means of a syringe for the lachrymal duct.

Soon afterwards the patient was dismissed cured.

Remarks.—In this case, the irritability of bladder was naturally, before ocular examination of the urethra, supposed to be a part of the results of the old gonorrhoea. The caruncle of the urethra was also a natural explanation of it, and its removal by scissors demonstrated that the irritability owned no other cause.

The inflammation of the vulva and lower part of the vagina was in like manner kept up and rendered intractable by the persistent discharge of pus from the duct of Duverney's gland, the inflammation of which was not subjected to treatment. This gonorrhoea was not earlier discovered because the glands of Duverney were not enlarged or inflamed, as they often are in such cases. There was no tenderness or swelling to call attention to the part. The removal of the inflammation of this duct was necessary to complete the cure of the case.—*Lancet*, March 3, 1877.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The annual meeting of the American Medical Association will be held in Chicago on Tuesday, June 6th, at 11 o'clock, under the presidency of Dr. Henry I. Bowditch, of Boston.

The Association and the Pharmacopœia.
—At the last meeting of the Association

resolutions were introduced by Dr. Squibb, of New York, relating to the publication of a pharmacopœia by that body, and were made the special order for the second day of the ensuing meeting. Coming from such a distinguished source, and referring to questions of the deepest moment to the profession at large, it is important that the project should receive careful and thoughtful consideration from every member of the Association. Each point involved, whether direct or remote, should be maturely weighed, and there are many points which are not apparent at first sight, but which yet may in time be found to be of no little importance.

To properly appreciate the questions raised, it is important to remember that the existing "Pharmacopœia of the United States" is copyrighted, and is published by authority of the "National Convention for revising the Pharmacopœia," which is composed of delegates from all incorporated State medical societies, incorporated medical colleges, incorporated colleges of physicians and surgeons, and incorporated colleges of pharmacy throughout the United States. It will be observed that the American Medical Association has no representation in this convention.

Dr. Squibb's resolutions for the assumption by the Association of the ownership, control, and management of the United States Pharmacopœia, to be offered at the ensuing meeting, are as follows:—

"Whereas, The American Medical Association, as being the only organized body which represents the medical profession of the United States of America, may fairly claim the right to control all the general rights and interests of the profession not controlled by statute law; and,

"Whereas, 'The Pharmacopœia of the United States of America' is among the most important of such general rights and interests, and has not heretofore been under the direct control of this Association, but has been managed by a representative body similar to this, and for the most part embraced in this body, though representing only a small part of the medical profession; and,

"Whereas, This smaller body, known as the 'National Convention for Revising the Pharmacopœia,' has given evidence that its plan of organization, though well adapted to the wants of the profession in the past, is insufficient for the growing necessities of the present and the future materia medica; therefore, be it

"Resolved, First, That the American Medical Association does, now and hereby, assume the ownership of 'The Pharmacopœia of the United States of America,' and, as the superior representative body of the organized medical profession, does, now and hereby, relieve 'The National Convention for Revising the Pharmacopœia' from any further acts of ownership, control, or management of the Pharmacopœia.

"Resolved, Second, That the medical societies and colleges, which, in 1870, sent delegates to both this Association and the National Convention, do, through their delegates now present, relieve the officers of the National Convention from the duty of issuing a call for a convention in 1880, as provided for by the last convention; and that any society or college which does not desire to relieve the officers of the convention of 1870 from this duty, and does not desire that these conventions should now cease, be now heard through its delegates in this body; and that a failure to oppose this resolution at this time shall be construed to signify acquiescence in its object.

"Resolved, Third, That the President of this Association notify the President of the National Convention, or his successor, of this action taken by this Association, and request him not to issue a call for a 'General Convention, to be held in Washington, on the first Wednesday in May, 1880,' as provided for by the General Convention of 1870, and ask him to make his decision in the matter known to the president of this Association. But, if the president of the National Convention, or his successor in office, should fail to reply, such failure shall be construed to mean acquiescence in this action.

"Resolved, Fourth, That 'The Pharmacopœia of the United States of America' be hereafter issued only by the authority of this Association; and that it

be the only standard for the materia medica recognized by the medical profession of the United States of America."

Dr. Squibb's plan is for the Association to take possession of the Pharmacopœia of the National Convention, and then to reconstruct it according to the views he expressed at the preceding meeting. The first part of this project he proposes to accomplish by the adoption of the above resolutions, of which a recent writer ("*The United States Pharmacopœia and the American Medical Association*") truly says, "any assemblage has the right to pass a resolution like the first of these, assuming possession of anything; but such resolutions on paper lead to derision, and when put into practice to civil or criminal litigation." The impotency of the other resolutions is equally apparent.

Dr. Squibb bases the justifiableness of his project on the ground that the constituency of the Pharmacopœial Convention is, "for the most part, embraced" in that of the Association. Is this so? The Association, as is well known, is composed of delegates from State and county medical societies, whether incorporated or not, whereas the Pharmacopœial Convention is composed of delegates from medical colleges, colleges of pharmacy, incorporated colleges of physicians and surgeons, and *incorporated* State medical societies. The roll of the last Pharmacopœial Convention shows that it was composed of 73 delegates from 32 bodies, of which about four-fifths are not entitled to representation in the American Medical Association; or, to be accurate, of which 25 bodies sending 60 delegates are not entitled to representation in the Association, against 7 societies sending 13 delegates so entitled. As the delegates from *incorporated* State medical societies, of which there are but few, form but a small portion of the whole number of delegates comprising the Association, it requires but a moment's thought to see that these resolutions, although they might be unanimously opposed by the delegations from every society represented in the Pharmacopœial Convention, yet might be adopted by an overwhelming majority in the Association.

As if to give his project an appearance

of fairness, Dr. Squibb's second resolution declares that any society or college opposing this project "be now heard through its *delegates in this body*," yet, as the colleges and many of the societies are neither entitled nor invited to send delegates, this call upon them is wholly delusive, while at the same time its recognition of their right to be heard is an admission fatal to the whole project. Then, to crown all, we have the clause which is intended to give to the seizure of the Pharmacopœia the semblance of legal acquiescence on the part of its owners; "a failure to oppose this resolution at this time shall be construed to signify acquiescence in its object." We cannot believe that the Association will be guilty of so transparent a subterfuge as this would be, assuming the presence of the absent, and then assuming their consent because they fail to speak.

The voice of the Association, therefore, cannot by any strain of reasoning be held to be that of the Pharmacopœial Convention. But even if the constituency were the same, it would require no laboured argument to show that each has been endowed with authority which can only be altered or abrogated by the original power which gave it.

If Dr. Squibb considers it desirable that the Pharmacopœia should pass into the hands of the Association, the proper plan for him to pursue is to advocate such a course in the National Convention for the revision of the Pharmacopœia, and there ask for the passage of resolutions looking to the dissolution of the convention and the assignment of its property to the American Medical Association; but for the latter to attempt to seize the Pharmacopœia in the proposed violent manner is neither admissible in law nor justifiable in morals.

As regards Dr. Squibb's ideal pharmacopœia he tells us that it includes a dispensatory, and his plan comprehends, in addition to the services of the Committee of Revision, the permanent employment of "one or two editors and other experts" in its preparation, and the publication of a revised edition every five years and of a fasciculus every year. The expenses, and

they must necessarily be very heavy, are to be met by the proceeds of the copyright, the value of which, in consideration of the certainty of competition from the maintenance of the existing Pharmacopœia and of the dispensaries published by private enterprise, is sure to be very seriously impaired. If this plan be carried out, Dr. Bartholow's prophecy (*Clinic*, March 24, 1877), that "the members of the Association must be taxed annually to maintain the expensive luxury proposed by Dr. Squibb," will surely be fulfilled.

This suggests another question of considerable moment, which we do not remember to have seen adverted to. Hitherto, the Pharmacopœia indeed has been copyrighted, but this has been done to protect its scientific interests and not the pecuniary advantage of those connected with it, who have freely given their service without pay, and whose very moderate expenditures have been readily met by its sale at a low price. It has been free to every one to make such professional use of as seemed fitting, and the profession has thus through journals, and treatises, and formularies had the benefit of the labours of the Convention and Committee of Revision without fee and without price. Pharmacology and therapeutics have profited by this, and the progress of these sciences has been encouraged and facilitated. To prohibit the freest use of the Pharmacopœia would seem to be unprofessional and illiberal.

All this must of necessity be changed if Dr. Squibb's plan be adopted of a permanent board with experts permanently engaged, the heavy expense of whose labours is to be defrayed by the sale of an enlarged pharmacopœia partaking of the nature of a dispensatory. To accomplish this while endeavouring to avoid the humiliation of soliciting subscriptions or of exacting a tax from members of the Association to meet the outlay, this new Pharmacopœia must be copyrighted in fact as well as in name, and its copyright would probably come to be defended against all intruders whose use of its materials might tend to diminish the profitability of the speculation. We need hardly call attention to the repressive influence which

an authorized monopoly such as this would exercise upon the progress of therapeutic science in this country, or to the degrading position in which it would place the representatives of a liberal profession, whose functions of promoting science and relieving the sufferings of humanity would be diversified by the awkward task of ejecting all intruders from the sacred field entrusted to their guardianship.

No one can doubt that the motives of Dr. Squibb are wholly disinterested, and that he does not in any way contemplate such a result as this from his favourite project. But if the Association enters into business it must infallibly come under the operation of business principles, and these in time could hardly help bringing about the condition which we have described, when the pharmacopœial commission would feel that its duties lay as much in protecting its monopoly as in testing a new drug or a new pharmaceutical process.

In favour of the existing plan of revision it may be said that the basis of organization of the National Convention for the revision of the Pharmacopœia is *thoroughly representative and national* in character. Moreover, this body is composed of experts especially selected on account of their peculiar qualifications for the work by those bodies which are themselves most likely to be abreast of the science of the day (and most of which are not represented in the American Medical Association), thus affording the best talent to be found in the country for the task.

The next session of the Pharmacopœial Convention we are told will certainly be called, and from the action of some of the bodies represented in it, and the sentiments which we are informed exist in others, we have no reason to doubt that it will meet and continue the work of revision as heretofore, regardless of any action the Association may take on the resolutions of Dr. Squibb. Should, therefore, such counsels prevail as to lead the Association to form another and rival pharmacopœia, it could only be considered as a great misfortune. The existence of a double standard, each claiming to be authoritative, would certainly lead to unat-

terable confusion, with the worse probability of mistakes, sometimes fatal, constantly arising from differences in strength of "official" preparations made according to the formula prescribed in one or the other work, just as was continually happening in Great Britain during the existence of the London, Edinburgh, and Dublin Pharmacopœias.

A careful examination of the arguments advanced in favour of Dr. Squibb's ideal pharmacopœia leads to the conviction that whatever its advantages may be they can be certainly equally well, and probably much better, secured under the existing machinery for the revision of the Pharmacopœia, and that there is, therefore, no valid reason, even if the proposed way were justifiable, why such important interests as are involved should be jeopardized by the Pharmacopœia being transferred to new machinery and untried hands.

If it is the judgment of the Association that the Pharmacopœial Convention has not a constituency wide enough, and that it does not fully represent the profession of the country, and if both the American Medical and the American Pharmaceutical Association would desire representation in the next meeting of the Convention, there is probably little doubt that on signifying this desire steps would be taken by the executive officers of the Convention to secure the co-operation of those bodies in the revision.

American Gynecological Society.—The second annual meeting of this society will be held in Boston on May 30. The annual address will be read by the President, Dr. Fordyce Barker, of New York.

Kentucky State Medical Society.—The annual meeting of this Society was held at Louisville, on the 3d of April. Dr. R. W. Gaines, of Hopkinsville, President, in the chair. The following officers were elected for the ensuing year. President—Dr. L. P. Yandell, Jr., of Louisville; Vice Presidents, Drs. J. Dismukes, of Mayfield, and W. B. Rodman, of Frankfort. Frankfort was chosen as the place of meeting in 1878.

Dr. L. S. McMurtry, of Danville, reported that the M'Dowell Monument

Fund amounted to \$434. Subscriptions were given on the spot, increasing the fund to \$1054.

Dr. Baker, of Shelbyville, offered the following resolutions, which were adopted unanimously:—

Resolved, That this Society is in full accord with the American Medical College convention, seeking to elevate the standard of medical education in this country.

Resolved, That summer schools, which enable students to graduate after from eight to nine months' study, are exerting an evil influence upon the profession.

Resolved, That a winter and summer course by the same school, and graduation at the end of each, tends to deteriorate the standing of the medical profession.

Resignations in the Philadelphia Medical Schools.—Dr. Francis G. Smith has resigned the professorship of the Institutes of Medicine in the University of Pennsylvania, and Dr. B. Howard Rand that of chemistry in the Jefferson Medical College. We understand that the vacancies thus created will not be filled immediately, so that time may be afforded to gentlemen who desire to become candidates, to make known their qualifications.

Charleston Medical Journal and Review.—The editors of the *Charleston Medical Journal* announce its suspension, with an expression of hope, in which we cordially concur, of its renewal in more prosperous times.

A New Dispensatory.—We are pleased to observe the announcement that Dr. Stillé and Professor Maisch have for some years been engaged in the preparation of a new Dispensatory. From the eminent fitness of these gentlemen there can be no doubt that the work will be of value to both the medical and pharmaceutical professions. Our friends of the "Cincinnati Lancet and Observer" are in error in supposing that the "National Dispensatory," on which Professors Stillé and Maisch are engaged, has any connection with the project of Dr. Squibb.

FOREIGN INTELLIGENCE.

Hysterical Aphonia.—In the *Progrès Medical*, 1876, No. 9, MM. Liouville and Deboue describe an interesting case of cure of hysterical aphonia. A girl, eighteen years of age, in consequence of hysterical paralysis of the vocal cords, became at length quite dumb. The authors, by firm and painful pressure in the region of the ovaries, produced a well-marked hysterical paroxysm. During the attack, the patient, for the first time after a long period, began to scream and to speak with a low voice. Repetition of the procedure brought back the voice entirely, but the disordered condition of the nervous system remained.—*British Med. Journal*, Nov. 11, 1876.

Exercise in Diabetes.—Dr. KULZ, of Marburg, has observed eight cases of diabetes mellitus in which active exercise was of decided value: but such exercise must consist in vigorous movement in the open air, simple in-door gymnastics are scarcely of the slightest use. In his experience, the best results are obtained by mountain climbing, and provided the patients are fond of such exercise, and can support the necessary exertion, he strongly recommends this treatment in lieu of drugs, provided that careful preliminary experiments have shown that exercise diminishes the excretion of sugar in the particular cases.—*Med. Times and Gaz.*, March 10, 1877.

Copper in Preserved Vegetables.—M. PASTEUR, who had been charged with the duty of making a report on the presence of copper in preserved vegetables, especially young peas, communicated the following particulars to the Academy of Sciences of Paris.

Fourteen tin cases of preserved peas were purchased from various grocers in the districts of the Madeleine, etc. Copper was detected in ten out of the fourteen cases, sometimes amounting to $\frac{1}{1000}$ th part of the total weight of the contents, not counting the fluid portion. The copper usually became deposited on the surface of the pea, beneath its external cortical layer. Mere inspection of the

vegetable, according to M. Pasteur, sufficed to reveal the presence of copper. If the pea had even in a slight degree the green tint of the natural vegetable we might be certain that copper had been employed, for peas preserved without the addition of a copper salt were of a yellowish colour without any tinge of green. In the present state of our knowledge, copper was the only substance by means of which the required tint could be given, and hence its frequent employment. Even admitting that experimental physiology proved that copper and its salts were less poisonous than we had been accustomed to consider them, the guardian of public health should not on that account tolerate their admixture with alimentary substances. If the grocer mixed any extraneous matter with his peas he should be bound at least to mention it on the label.—*Med. Examiner*, March 15, 1877.

Death from Chloroform.—A case of death whilst under the influence of chloroform recently took place at the Derby Infirmary. Deceased, who was fifty-six years of age, was about to undergo an operation for fistula and hæmorrhoids, but before he was ready for operation, the respiration suddenly became very irregular, he struggled violently, and the pulse, which had up to this time been good, ceased. In spite of all the means resorted to for a considerable time, he showed no signs of rallying from the first. The quantity of chloroform which had been poured into the lint-holder was in all about three drachms. The *post-mortem* examination did not reveal any organic disease.—*Brit. Med. Journ.*, March 17, 1877.

Another case, the patient being a boy aged eight, is recorded in the same journal for Nov. 11, 1876.

Dr. GUSTAV JUDELL, privat-docent and chemical assistant in Professor Leube's clinic at Erlangen, was on October 26th, found dead in his bed. He had been accustomed to take chloroform at night as a remedy for sleeplessness, by which he was much troubled; and a bottle containing the anæsthetic was found near him. It appears that vomiting was ex-

cited by the chloroform, but that he was too deeply narcotized to eject the contents of the stomach, so that portions of the food remained in the œsophagus and caused death by suffocation.—*Ibid.*, Nov. 18, 1877.

Death under the Administration of Nitrous Oxide and Ether.—A death has recently taken place in London at University College Hospital during anæsthesia from nitrous oxide gas and ether, being, we believe, the first fatal case which has occurred in this country that can be attributed to this combination of anæsthetics. The patient was a woman fifty-five years of age, who was admitted to the hospital in consequence of strangulated femoral hernia. When admitted she was in a very weak and exhausted condition from constant vomiting, the hernia having been strangulated for over forty-eight hours. She was taken into the operating-theatre, and gas and ether administered by means of Clover's apparatus. In about four minutes she was well under the influence of the anæsthetic, without having exhibited any previous excitement. Taxis was then applied, when almost immediately the patient became pale and recommenced vomiting stercoraceous matter. At the same time the respirations became weak, and the pulse at the wrist imperceptible. The doors and windows of the theatre were at once thrown open, and artificial respiration was carried on for a few minutes. As no obvious benefit resulted, an enema, containing three ounces of brandy, was administered. Fumes of strong ammonia were applied to the nostrils, and ammonia injected into the right median basilic vein, but all without any good result, and the patient died within about ten minutes from the onset of the alarming symptoms. At the autopsy, stercoraceous matter was found in the trachea and right bronchus. The right side of the heart and the large veins were full of dark fluid blood. The ventricular walls were thin and flabby, and the cavities slightly dilated. The left ventricle was empty. The arch of the aorta presented numerous patches of atheroma.—*Med. Times and Gaz.*, March 17, 1877.

High Heels.—The unnatural character impressed on the gait of women by the prevalent fashion of high and narrow heels to the boots is the expression of a perversion of the natural relation of the articulations and muscular action such as cannot but result in serious and permanent damage. The character of the injury which they produce, and the symptoms by which it is expressed, are well described by Dr. ONIMUS in a recent communication to the Société de Médecine of Paris, which has been published in *L'Union Médicale*. The heel of the boots is not only high, but narrow and inclined forwards, so that the distance between the heel and the point of the foot is lessened, and the foot appears smaller than it really is. This, absurd as it is, appears to be their chief recommendation in the eyes of their wearers. The effect of the oblique position of the foot is, of course, to remove the weight of the body from its natural support—the prominence of the os calcis—and project it forwards on to the plantar arch. Hence one of the most frequent symptoms of which the wearers of these shoes complain is an acute pain in the sole of the foot, in front of and below the external malleolus. There is often considerable tenderness as well as pain, possibly in consequence of inflammation of the calcaneo-cuboid articulation. The forced depression of the anterior part of the foot determines a painful displacement of the articular surfaces. The toes, instead of the heel, first touch the ground, and the walk is clumsy and heavy, instead of light and undulating. The toes become permanently flexed and pressed together, partly in consequence of the narrowness of the front part of the boot, partly in consequence of the overaction of the flexors of the toes, due to the increased pressure on the toes, no doubt partly also to the habitual over-extension of the metatarso-phalangeal articulations, and to the irritation and contraction of the short flexor of the toes in the soles of the foot.

Other muscles are also involved in the disturbance. Those of the calf are commonly in a state of painful contraction. In consequence of the height of the heel,

the body has a tendency forwards, and the soleus and gastrocnemius have to overact to correct this tendency. The peroneus longus is also affected in a very marked and uniform manner, and the pains persist longer in it than in the other muscles. These muscular pains were the symptom which first drew attention to the effect of the boots. Even the muscles of the thigh may suffer, and the rectus and adductors may be the seat of some contraction. In cases of nervous temperaments the pain and irritation have produced general nervous symptoms of hysterical character. The mode of carriage of the body is influenced by the position of the feet. The centre of gravity must be kept in the line of the base of support, and hence the pelvis is tilted forwards, and antelexion of the uterus is easily produced, and is, according to Dr. Onimus, actually present in a considerable proportion of the wearers of the "*bottines Louis Quinze*," as they are termed, in consequence of their extensive adoption in the last century. Then, as now, the fashion emanated from Paris, and then, as now, at least one stringent protest was made against the form of shoe, and its consequences on the feet of the wearer were pointed out. This was in 1781, by Petrus Camper, Professor of Medicine at LaHaye. He insisted strongly on the articular deformities almost in the same words as those employed by Dr. Onimus, but did not associate these deformities with the muscular pains.—*Lancet*, Feb. 24, 1877.

The Hunterian Oration.—The Hunterian Oration was delivered by Sir JAMES PAGET on Tuesday afternoon, in the theatre of the Royal College of Surgeons, before a crowded audience, which included His Royal Highness the Prince of Wales, the Duke of Argyll, the Duke of Westminster, the Bishop of London, Dean Stanley, Professor Huxley, Professor Tyndall, and many of the leading members of the medical profession. After acknowledging in a few graceful words the honour which the Prince of Wales conferred on the College by his presence, Sir James Paget proceeded with his oration. He began by

showing how, up, to nearly the age of twenty years, John Hunter had shown no inclination for study. It was, indeed, from mere idleness and by chance that he drifted into the career in which he was to become the greatest among the great, and the most renowned among the renowned men of science. Coming, however, from a Scotch farm to London was to Hunter like being born into a new world. Gradually there arose in him an insatiable desire for knowledge, and he became possessed of a passion for collecting. He had immense power of toil, his very amusements being what other men would call work. This power enabled him to embrace a wide range of study, in which he was also assisted by his accuracy in observing facts, and the simplicity with which he accumulated them. He was cautious in adopting theories, and slow in publishing them. In short, the character of John Hunter was one of strong will, combined with singular love of truth. Other points on which the orator touched were Hunter's remarkable power of "thinking the truth," his success as the founder of scientific surgery, his great discovery of tying arteries for the cure of aneurisms. In conclusion, Sir James Paget made an effecting reference to the late Sir William Fergusson, of whom he spoke as the great practical surgeon of the day. No one would again watch those eyes which were so keen and yet so kind; those hands which were so strong and yet so sensitive—that clear precision and that rigid calmness. All these had gone, and with them those things which would endear him still more to those who knew him—his warm heart and generous nature; his social grace; but there would still remain his teaching, that the surgeon should have both hands and heart in science, and should strain only to win the best results.—*Medical Examiner*, Feb. 15, 1877.

Antihydropsin.—In Russia, the common cockroach (*Blatta orientalis*) is a favourite popular remedy for dropsy. Dr. P. Bogomolow, of St. Petersburg, has lately (*Petersburg Med. Wochenschrift*, No. 31, 1876) examined its effects in nine cases

of Bright's disease, heart disease, and other affections accompanied with severe dropsy, and in all the result was the same. There was an increase in the secretion of the urine and perspiration, with rapid disappearance of oedema, and also almost complete disappearance from the urine of albumen and renal derivatives. The dose was five to ten grains of the powdered cockroaches in the twenty-four hours, but they were also administered as a tincture and as an infusion. These insects do not, like cantharides, produce any irritant action on the kidneys. Dr. Bogomolow has succeeded in extracting from them a crystalline body which he calls antihydropsin, and which is their active principle.—*Med. Times and Gaz.*, April 7, 1877.

Hypodermic Injections in Hernia.—Reporting upon three cases communicated to the Société de Chirurgie, in which strangulated inguinal hernia was easily reduced after the hypodermic injection of morphia, M. LE DENTU observes that in these cases the strangulation was recent, and although the injections certainly assisted their reduction, it is doubtful how far they would have succeeded had the strangulation been more decided and of longer duration. If the surgeon is called to the case immediately, the injection may be of use by dissipating the pain and spasm; but if some hours have elapsed, it will be always of less value than chloroform, which enables us to at once recognize whether the hernia is reducible or the operation necessary.—*Med. Times and Gaz.*, April 7, 1877, from *Gaz. des Hôp.*, March 31.

OBITUARY RECORD.—Died, suddenly, at Paris, on March 10th, aged 46, HENRI FERDINAND DOLBEAU, Professor of Surgical Pathology in the Paris Faculty. Although cut off in the prime of life, M. Dolbeau had already achieved distinguished reputation as a practical surgeon, and had made numerous contributions to medical literature, the most important of which is his *Treatise on Perineal Lithotomy*.

NEW MEDICAL BOOKS—Now Ready.

FOTHERGILL'S THERAPEUTICS.

THE PRACTITIONER'S HANDBOOK OF TREATMENT; OR, THE PRINCIPLES OF THERAPEUTICS. By J. MILLER FOTHERGILL, M.D. Edin., M.R.C.P. Lond. Assistant Physician to the West London Hospital, Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park. In one very neat octavo volume of about 550 pages: cloth, \$4 00.

Our friends will find this a very readable book; and that it sheds light upon every theme it touches, causing the practitioner to feel more certain of his diagnosis in difficult cases. We confidently commend the work to our readers as one worthy of careful perusal. It is a book every practitioner needs, and would have, if he knew how suggestive and helpful it would be to him.—*St. Louis Med. and Surg. Journ.*, April, 1877.

He has succeeded in producing a volume that will be found an exceedingly useful companion to the standard works on practice. It abounds in information of value at the bedside, and is eminently practical throughout.—*N. Y. Med. Journ.*, April, 1877.

This is an excellent book—one long needed. Its practical teachings make it useful to the busy physician; and the college student will derive from it great assistance in his systematic studies of the intricate subject of therapeutics. The object of the author is "to explain the rationale of our therapeutic measures." No work with

which we are acquainted succeeds so admirably.—*Va. Med. Monthly*, March, 1877.

None can read it without being impressed with the immense amount of common sense which is possessed by the author, as well as natural tact in interpreting the indications of treatment. His style is clear and agreeable, and he has the faculty of expounding the fundamental principles of medicine in such a way as to give them a practical application to treatment. It is, in fact, one of the most interesting, entertaining, and instructive works of its kind that we have ever read.—*Med. Record*, March 17, '77.

We heartily commend his book to the medical student as an honest and intelligent guide through the mazes of therapeutics, and assure the practitioner who has grown gray in the harness that he will derive pleasure and instruction from its perusal.—*Bost. Med. and Surg. Journ.*, March 8, 1877.

This is a very valuable book, and is well adapted for a young practitioner.—*London Lancet*, March 24, 1877.

REMSEN'S PRINCIPLES OF CHEMISTRY.

THE PRINCIPLES OF THEORETICAL CHEMISTRY. With Special Reference to the Constitution of Chemical Compounds. By IRA REMSEN, M.D., Ph.D., Prof. of Chemistry in the Johns Hopkins University, Baltimore. In one handsome royal 12mo. volume of 232 pages: cloth, \$1 50.

CLELAND'S DISSECTIONS.

A DIRECTORY FOR THE DISSECTION OF THE HUMAN BODY. By JOHN CLELAND, M.D., Professor of Anatomy and Physiology in Queen's College, Galway. In one small royal 12mo. volume, of 182 pages: cloth, \$1 25.

SCHAFER'S HISTOLOGY.

A COURSE OF PRACTICAL HISTOLOGY. Being an Introduction to the Use of the Microscope. By EDWARD ALBERT SCHAFER, M.D., Asst. Professor of Physiology in Univ. College, London. In one royal 12mo. vol. of 304 pages, with many illustrations: cloth, \$2.

PREPARING.

THE NATIONAL DISPENSATORY.

EMBRACING THE CHEMISTRY, BOTANY, MATERIA MEDICA, PHARMACY, PHARMACODYNAMICS AND THERAPEUTICS OF THE PHARMACOPŒIAS OF THE UNITED STATES AND GREAT BRITAIN.

FOR THE USE OF PHYSICIANS AND PHARMACEUTISTS.

By ALFRED STILLÉ, M.D., LL.D.,

Prof. of Theory and Practice of Clin. Med. in Univ. of Pa.,

AND

JOHN M. MAISCH, Ph.D.,

Prof. of Mat. Med. and Botany in Phila. Coll. of Pharmacy, Secy. to the Am. Pharm. Assoc.

In one handsome 8vo. vol., with numerous illustrations.

The want has long been felt and expressed of a work which, within a moderate compass, should give to the physician and pharmacist an authoritative exposition of the pharmacopœias from the existing standpoint of medical and pharmaceutical science. For several years the authors have been earnestly engaged in the preparation of the present volume, with the hope of satisfying this want, and their labors are now sufficiently advanced to enable the publisher to promise its appearance during the coming season. Their distinguished reputation in their respective departments is a guarantee that the work will fulfil all reasonable expectation as a guide in the selection, compounding, dispensing, and medicinal uses of drugs, complete in all respects, while convenient in size, and carefully divested of all unnecessary and obsolete matter.

HENRY C. LEA—Philadelphia.